PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISS of FEE
Commissioner for Patents
P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| indicated unless correct maintenance fee notifica | ed below or directed oth | ig the ratent, atvance of herwise in Block 1, by (a | i) specifying a new corres | namenance rees w spondence address; | and/or (b |) indicating a separ | ate "FEE ADDRESS" for | |
|---|---|---|--|---|--|---|--|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | |
| Mitchell S. Bigel Myers Bigel Sibley & Sajovec, P.A. P.O. Box 37428 | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | |
| Raleigh, NC 276 | 527 | | | | | | (Depositor's name) | |
| | | | | | | *************************************** | (Signature) | |
| | | | | | | | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | | CONFIRMATION NO. | |
| | | | Deok-Hyung Lee ANSISTORS INCLUDING OF FABRICATING SAM | | | 549-1272 G. FIN HAVING RI | 2903 EGIONS | |
| APPEN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUI | FEE 1 | OTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$0 \$1 | | 10/18/2006 | |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | | | | | |
| DICKEY, THOMAS I. | | 2826 | 257-412000 | | | | | |
| Change of correspondence address or indication of "Fee Address" (3 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED CORRESPONDENCE OF The PLEASE NOTE: Unless an assignee is identified below, no assignee. | | | or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attorney in the name will be the PATENT (print or type data will agree on the part of the patenative in the part of the patenative in the patenative i | mes of up to 3 registered patent attorneys OR, alternatively. me of a single firm (having as a member a lattorneys or agent) and the names of up to ed patent attorneys or agents. If no name is name will be printed. T (print or type) mear on the patent. If an assignee is identified below, the document has been filed for | | | | |
| recordation as set fort (A) NAME OF ASSIC | h in 37 CFR 3.11. Comp GNEE | lletion of this form is NO | T a substitute for filing an (B) RESIDENCE: (CITY | assignment. and STATE OR C | OUNTRY | | | |
| • | Electronics Co | - | _ | olic of Kor | | | | |
| Please check the appropr | iate assignee category or | categories (will not be pr | inted on the patent): | Individual 💹 Co | rporation | or other private grou | ip entity | |
| | are submitted: So small entity discount p # of Copies | b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number50_0220_ (enclose an extra copy of this form). | | | | | | |
| | s SMALL ENTITY stan | is. See 37 CFR 1.27. | ☐ b. Applicant is no lon | ger claiming SMAI | .1. ENTIT | Y status, See 37 CF | R 1.27(g)(2). | |
| NOTE: The Issue Fee an interest as shown by the i | d Publication Yee (if requeeords of the United Sta | uired) will not be accepte tes Patent and brademark | d from anyone other than t Office. | he applicant; a regi | stered ano | rney or agent: or the | assignee or other party in | |
| Authorized Signature | / | end by | ,) | | 9/11/: | | | |
| Typed or printed name | e Mitchell | S. Bigel V | | Registration N | o. 29 | ,614 | | |
| This collection of inform an application. Confident submitting the completed this form and/or suggesti | ation is required by 37 C tiality is governed by 35 I application form to the ions for reducing this but | FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to th | on is required to obtain or i 1.14. This collection is est depending upon the indiv e Chief Information Office | retain a benefit by t timated to take 12 o zidual case. Any co er, U.S. Patent and | he public v ninutes to mments o Trademarl | which is to file (and complete, including n the amount of tim t Office, U.S. Depar | by the USPTO to process) t gathering, preparing, and the you require to complete timent of Commerce, P.O. | |

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.